



For Internal Use Only

LiLA Employer # _____

Date Received _____

Date Approved _____

EMPLOYER BANK ACCOUNT APPLICATION FORM

Please complete the form below providing the information necessary to establish your LiLA account. A no-fee, interest bearing For Benefit Of (FBO) savings account will be established for your business at West Coast Bank, Olympia Westside Branch, 2850 Harrison Avenue NW, Olympia, WA 98502 by the LiLA Program Administrator.

In addition to the information requested below, you will need to attach the following documents:

- 1) Copy of a picture ID such as a Driver's License, Passport or Washington State ID Card for each authorized account signer. (Document must be at least 30 days old). If the address on an Authorized Signers Driver's License does not match the address for the account, please attach a piece of mail or copy of a paycheck with a name and address that matches.
- 2) Copy of one additional form of identification such as a credit or debit card with a name on it for each authorized account signer. (Please black out all but the first four digits.
- 3) Signed W-9 (Attached) to certify tax identification number.

BUSINESS ACCOUNT INFORMATION

Business Name _____		"DBA" Name (Doing Business As) if applicable _____	
Business TIN/EIN _____		Business Phone Number _____	
Business Address _____			
City _____	State _____	Zip _____	
Mailing Address (If Different than above) _____			
Type of Business (Brief description) _____			

BUSINESS IDENTIFICATION DOCUMENTS

Which of the following business identification documents are you providing? (Please check appropriate box and attach a copy.)

- | | |
|---|--|
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Partnership Agreement |
| <input type="checkbox"/> Non-Profit Document | <input type="checkbox"/> Other |
| <input type="checkbox"/> Washington State Business License UBI# _____ | |

Please continue to Page 2 for Authorized Signer Information

FORM A3**AUTHORIZED SIGNER #1**

Name	Social Security Number
Physical Address	Date and Place of Birth
City, State, ZIP	Driver's License Number and State
Mailing Address (If Different)	Mother's Maiden Name
Work Phone	Secondary ID (Driver's License, Passport, Work permit, etc.)
Home Phone	

AUTHORIZED SIGNER #2

Name	Social Security Number
Physical Address	Date and Place of Birth
City, State, ZIP	Driver's License Number and State
Mailing Address (If Different)	Mother's Maiden Name
Work Phone	Secondary ID (Driver's License, Passport, Work permit, etc.)
Home Phone	

AUTHORIZED SIGNER #3

Name	Social Security Number
Physical Address	Date and Place of Birth
City, State, ZIP	Driver's License Number and State
Mailing Address (If Different)	Mother's Maiden Name
Work Phone	Secondary ID (Driver's License, Passport, Work permit, etc.)
Home Phone	

Please return to:
Workforce Training and Education Coordinating Board
Attn: Patrick Woods, LiLA Program Administrator
128 - 10th Avenue, SW
Olympia, WA 98504-3105
Phone: 360.664-4232
Email: pwoods@wtb.wa.gov